

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10-030,003

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5					
TOTAL DEP.	45					
TOTAL CLAIMS	50					

	IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					